

**COUNCIL ON MENTALLY ILL OFFENDERS (COMIO)**

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***2009 SURVEY SEARCH FOR BEST PRACTICES  
CALIFORNIA COUNCIL ON MENTALLY ILL OFFENDERS (COMIO)***  
**(<http://www.cdcr.ca.gov/comio/index.html>)**

The California Council on Mentally Ill Offenders (COMIO) is pleased to announce the second annual survey to identify and recognize outstanding California based programs that impact in a positive way on the mentally ill offender population at either the state or the local correctional institutional or community level. Applicants are requested to respond to the items below in a concise manner for review by COMIO for possible recognition with a 2009 Best Practices Award Plaque and inclusion on our website as an example of a Best Practice in the State of California. **Previous winners are not eligible to apply unless a major new direction has been taken in the project.** Interested applicants should have their completed applications submitted in an email format to [lammers@comcast.net](mailto:lammers@comcast.net) no later than Wednesday November 26, 2008. Please review the Frequently Asked Questions (FAQS) that are attached. Other questions will be fielded through the email address listed above or by contacting Linda Clifford at CDCR (916) 323-6001. To review past examples of Best Practices, please see the press release link at - [http://www.cdcr.ca.gov/News/2008\\_Press\\_Releases/March\\_19/index.html](http://www.cdcr.ca.gov/News/2008_Press_Releases/March_19/index.html) .

**To avoid disqualification, specific responses to all sixteen questions should be included within no more than five pages total, however, explanatory attachments may be included but are not required. Digital Photographs (.jpg or PDF files) of project activities are highly recommended with accompanying clearance forms as appropriate.**

- 1) Implementing agency -
- 2) Collaborative partners/providers -
- 3) Title of program -
- 4) Date of program inception (must be operational **minimum of 24 months** to qualify) -
- 5) Objectives of program -
- 6) Unique qualities of program –
- 7) Selection criteria used to identify clients -
- 8) Number of people served since program inception (note numbers of successes/failures) -
- 9) Number of people in program at any one time -
- 10) Number of staff providers -
- 11) Typical length of time clients are served in program -
- 12) Where applicable, identify program models and locations used for this program design -
- 13) What measures are used to determine program success (attach data items used) -
- 14) Explanation as to why applicant believes this program qualifies as a “Best Practice” -
- 15) For agencies interested in replicating this program, note most valuable lessons learned -
- 16) Identify key spokesperson (press), contact for this project, and person completing survey by including –
  - a) Names & titles –
  - b) Address –
  - c) Emails & telephones -